



Oklahoma State Department of Health  
Creating a State of Health

**Northeast (2) Regional Trauma Advisory Board**  
**Jane Phillips Medical Center**  
**3500 E Frank Phillips**  
**Bartlesville, OK 74006**  
**February 11<sup>th</sup>, 2020 - 1:00 pm**

**AGENDA**

- I. Call to Order**
- II. Welcome and Introductions**
- III. Roll Call**
- IV. Approval of Minutes** – November 12<sup>th</sup>, 2019
- V. Reports/Updates**
  - A. Emergency Systems quarterly activity report
  - B. Regional Planning Committee quarterly activity report
  - C. Quality Improvement Committee quarterly activity report
  - D. Regional Medical Response System quarterly activity report
  - E. EMS for Children quarterly activity report
- VI. Business:**
  - A. Discussion of presentation “Trauma Systems Toolbox” and identification of need to include in regional planning and possible vote to send to Regional Planning Committee
  - B. Review and vote to approve STEMI plan
  - C. Discussion and vote to approve 2021 trauma system goals to send to the Regional Planning Committee for planning and implementation by October 2020.
  - D. Discussion, consideration, possible action, and vote to recommend to the Oklahoma State Stroke System Advisory Council amendments to the Rural EMS Stroke Triage Algorithm.
  - E. Discussion and vote for CQI – Vote to Approve
    1. Jim Koch
- VII. Presentation:** Process Improvement – Oklahoma State Department of Health
- VIII. New Business** (for matters not reasonably anticipated 48 hours prior to the meeting)
- IX. Next Meeting**
  - A. Oklahoma Trauma and Emergency Response Advisory Council  
Oklahoma State Department of Health  
1000 Northeast 10<sup>th</sup> Street  
Oklahoma City, OK 73117  
February 12<sup>th</sup>, 2020 @ 1:00 pm

Board of Health

Gary Cox, JD  
Commissioner of Health

Timothy E Starkey, MBA (*President*)  
Edward A Legako, MD (*Vice-President*)  
Becky Payton (*Secretary*)

Jenny Alexopoulos, DO  
Terry R Gerard II, DO  
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- B. Quality Improvement Committee  
EMSA – East  
1417 North Lansing Avenue  
Tulsa, OK 74160  
April 21<sup>st</sup>, 2020 @ 10:00 am
- C. Regional Planning Committee  
Tri County Technology Center  
6101 South East Nowata Road  
Bartlesville, OK 74006  
May 12<sup>h</sup>, 2020 @ 10:00 am
- D. Regional Trauma Advisory Board  
Tri County Technology Center  
6101 South East Nowata Road  
Bartlesville, OK 74006  
May 12<sup>h</sup>, 2020 @ 1:00 pm

**I. Adjournment**

Board of Health



# Region 2 RTAB Board Members Roll Call - 2020

	<b>Representative</b>
<b>Alliance Health Ponca City</b>	Yolanda Ramanos
<b>Bartlesville Ambulance</b>	Dan Dalton
<b>Blackwell Fire Department/ EMS</b>	Wayne Swift Cory Hanebrink
<b>Grove EMS</b>	Clint Shultz Jeff Dozier
<b>Hillcrest Hospital Claremore</b>	Bruce Jeffers Melisa Daugherty
<b>Hillcrest Hospital Pryor</b>	Carla Sue Spence Melanie Minor
<b>Integrus Miami EMS</b>	Benjamin Stutzman Jeff Dozier
<b>Integrus Miami Hospital</b>	Nathan Seward Sarah Kyser
<b>Jane Phillips Memorial Medical Center, Inc.</b>	Angella Conard Rita Johnson
<b>LifeNet, Inc.</b>	Maggie Hadley Kelly McCauley
<b>Mayes Emergency Services Trust</b>	Zach Harris Steve Smith
<b>Mercy Regional EMS</b>	Amanda Early Larry Burrows
<b>Oologah – Talala EMS District</b>	Brianne Smedley David Davis
<b>Pafford EMS – Oklahoma</b>	Shelbie Wayman Mechele Cruz
<b>Pawhuska Hospital, Inc.</b>	Ed Fowler Jennifer Casey
<b>Perry Fire Department/EMS</b>	Loren Quiram Russell Brand
<b>Ponca City Fire Department/EMS</b>	Wayne Emmons Ken Eck
<b>Quapaw Tribe EMS</b>	Butch Herring Zack Turley
<b>Stillwater Medical Center</b>	Leon Crow Heidi Gilbert
<b>Tulsa Life Flight – Pryor Sub-Station</b>	Brenda Quiring Joshua Garde
	Evie Steenhoek







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**Northeast (2) Regional Trauma Advisory Board**  
**Tri County Technology Center**  
**6101 Nowata Road**  
**Bartlesville, OK 74006**  
**November 12th, 2019 – 1:00 pm**

**DRAFT MINUTES**

**I. Call to Order**

The meeting was called to order by Chairperson Russell Brand at 1:02 pm.

**II. Welcome and Introductions**

**III. Roll Call**

Roll was taken with the quorum of Board Members met. See attached sheet for complete information.

**IV. Approval of Minutes –August 6<sup>th</sup>, 2019**

A motion to approve minutes as written was made by Dennis Walker and seconded by Judy Dyke. There was no discussion and the motion was passed after unanimous roll call vote.

**V. Reports/Updates**

**A. Emergency Systems quarterly activity report**

Lori Strider introduced James Rose as the new Statistical Research Specialist and Rashonda Hagar as a new Administrative Assistant for Emergency Systems. The Oklahoma Emergency Response Systems Stabilization and Improvement Revolving Fund (OERSSIRF) period has closed with grants awarded, 2.1 million dollars was awarded to 20 participants. Oklahoma EMS Information System (OKEMSIS) will be upgrading from v3.34 to v3.4. Effective January 1<sup>st</sup>, 2020, you will no longer be able to use Internet Explorer. If you have any questions contact Martin Lansdale. There will be Trauma Registry training in Lawton on November 7<sup>th</sup>, 2019. Contact Xana Howard for information. Trauma Fund deadlines for Hospitals is December 2<sup>nd</sup>, 2019. For EMS and Physicians it is December 16<sup>th</sup>, 2019. Contact Marva Williamson for information. The Stroke Registry is not live. A working group is currently revising the data elements. Contact Xana Howard for information.

**B. Regional Planning Committee quarterly activity report**

OTERAC met October 2<sup>nd</sup>, 2019 and approved regulatory language amendments for EMS and Stretcher Aid Vans. The Good Samaritan Act was implemented and a memorandum of understanding was signed between the Oklahoma State Stroke System Advisory Council and OTERAC to work together to improve the Stroke System in the State.

**C. Quality Improvement Committee quarterly activity report**

Brandee stated there has been an updated Quality Improvement Referral Form for your use. It can be used to report “good jobs” along with a checkbox to remain anonymous. Ms. Keele shared the turnout has been good for the State Leadership Conference in December. If you have any questions contact Brandee.

Board of Health

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- D. Regional Medical Response System quarterly activity report  
No report at this time.
- E. EMS for Children quarterly activity report  
No report at this time.

**VI. Business:**

- A. Discuss presentation “Diagnosing & Managing Pediatric Mild Traumatic Brain Injury” and identification of need to include in regional planning and possible vote to send to Regional Planning Committee.  
No action was taken at this time.
- B. 2020 Board Member Rotation – Vote to Approve  
A motion to approve item B, C, D, and E was made by Judy Dyke and seconded by Sarah Kyser. There was no discussion and the motion was passed after unanimous roll call vote.
- C. 2020 Committee Membership – Vote to Approve
  - 1. Rita Johnson
  - 2. Heidi Gilbert
- D. 2020 Board Officer – Vote to Approve
  - 1. Chair – Cory Hanebrink
  - 2. Vice-Chair – Yolanda Ramanos
  - 3. Secretary/Treasurer – Heidi Gilbert
- E. 2020 Board Meeting Dates, Times, and Venue – Vote to Approve
  - 1. February 11<sup>th</sup>, 2020 at Jane Phillips Medical Center at 1:00 pm
  - 2. May 12<sup>th</sup>, 2020 at Tri County Technology Center at 1:00 pm
  - 3. August 11<sup>th</sup>, 2020 at Jane Phillips Medical Center at 1:00 pm
  - 4. November 10<sup>th</sup>, 2020 at Tri County Technology Center at 1:00 pm

**VII. Presentation: Trauma Systems Toolbox - Daniel Whipple, OSDH Trauma Systems Coordinator**

Mr. Daniel Whipple reviewed the Oklahoma Trauma System to include its history and tools used to properly implement the system. He began by speaking about the Oklahoma Trauma System Improvement and Development Act passed in 2004. This law requires numerous items to include the creation of Regional Trauma Advisory Boards (RTABs), the requirement that each RTAB performs quality improvement activities, the creation of a trauma transfer and referral center, and an expansion of monies for the Trauma Care Assistance Revolving Fund. Mr. Whipple briefly discussed the current minimum requirements for each level of Oklahoma Trauma Center by classification level. He then spoke about the purpose of the RTAB and how that body is responsible for creating solutions for patient care within its regions, educating its providers about those solutions, and using quality improvement activities to verify that the regional plans are effective. He discussed the Triage, Transport, and Transfer (T-3) algorithm and how it assigns a Priority based upon physical exam findings and recommends a destination type that is appropriate for that patient to receive definitive care.

Regional Trauma Plan utilizes a review of each region’s resources and, using the T-3 algorithm as its foundation, assigns each trauma patient to an appropriate destination in an effort to reduce morbidity and mortality.

Board of Health

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Edward A Legako, MD ( <i>Vice-President</i> )	Terry R Gerard II, DO	Ronald D Osterhout
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EMResource is the current statewide tool that should be used to communicate both pre-hospital and hospital resources to other healthcare providers throughout the state. Currently, EMResource provides contact information for hospitals and EMS agencies, near real-time updates regarding hospital specialties and air ambulance location services, and acts as a notification tool for matters that impact care of patients.

The Oklahoma Trauma Registry and Oklahoma EMS Information System (OKEMSIS) comprise the majority of the data systems used for trauma system review and improvement. The epidemiologists within the data team have used submitted data to produce numerous peer-reviewed articles to improve the care of trauma patients in Oklahoma and in systems similar to ours. Mr. Whipple then reviewed the inclusion and exclusion criteria for the trauma registry as well as the submission timelines for both registries.

The Trauma Care Assistance Revolving Fund was created in 1999 to serve as a means to provide funding to ambulance services and hospitals that cared for trauma patients whose services were uncompensated. Since its inception, physicians have been made eligible to receive monies from this revolving fund. While participation in the Trauma Care Assistance Revolving Fund is voluntary, eligibility is determined by a required task, data submission to the trauma registry.

Mr. Whipple provided an example of how the trauma system was designed to work and closed with the goal of those who participate within the trauma system: To get the right patient to the right place, receiving the right treatment in the right amount of time.

**VIII. New Business**

Not at this time.

**IX. Next Meeting**

- A. Quality Improvement Committee  
 Oklahoma State Department of Health  
 1000 Northeast 10<sup>th</sup> Street  
 Oklahoma City, OK 73117  
 December 12<sup>th</sup>, 2019 – 8:30 am
- B. Regional Planning Committee  
 Jane Phillips Medical Center  
 3500 E Frank Phillips  
 Bartlesville, OK 74006  
 February 11<sup>th</sup>, 2020 - 10:00 am
- C. Regional Trauma Advisory Board  
 Jane Phillips Medical Center  
 3500 E Frank Phillips  
 Bartlesville, OK 74006  
 February 11<sup>th</sup>, 2020 - 1:00 pm
- D. Oklahoma Trauma and Emergency Response Advisory Council  
 Oklahoma State Department of Health  
 1000 Northeast 10<sup>th</sup> Street  
 Oklahoma City, OK 73117  
 February 12<sup>th</sup>, 2020 – 1:00 pm

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**X. Adjournment**

A motion to adjourn the meeting was made by Sarah Kyser and seconded by Dennis Walker. The meeting adjourned at 2:37 pm.

Board of Health



# Region 2 RTAB Board Members Attendance - 2019

	Representative	1Q	2Q	3Q	4Q
Air Evac Lifeteam - Claremore	Judy Dyke	X	X	X	X
Air Evac Lifeteam - Cushing	Judy Dyke	X	X	X	X
Air Evac Lifeteam 128 - Stillwater		X	X	X	X
	Judy Dyke				
Air Evac Lifeteam 4- Springdale	Judy Dyke	X	X	X	X
Alliance Health Ponca City	Yolanda Ramanos	X	A	X	A
Arch – Medflight 1 - Joplin	Rod Pace	X	A	X	X
	Scott McKenzie				
Arch – Medflight 2 - Nevada, MO	Rod Pace	X	A	X	X
	Scott McKenzie				
Bartlesville Ambulance	Dan Dalton	X	X	X	X
	Wayne Swift				
Blackwell Fire Department/ EMS	Cory Hanebrink	X	X	X	X
	Clint Shultz				
Blackwell Regional Hospital	April Edgar	X	X	X	X
	Bobbi Buntin				
Cleveland Area Hospital	Cassi Smith	X	X	X	X
	Lindsey Hester				
Cushing Fire Department/EMS	Daniel Myers	X	X	X	X
	Dalton Novotny				
Fairfax Community Hospital	Tracy Soutter	X	X	X	A
	Mary McKenzie				
Freeman Hospital (Joplin)	Christine M Hoag-Apeh	X	X	X	X
	Mike Ross				
Grove EMS	Jeff Dozier	X	X	X	X
	Bruce Jeffers				
Hillcrest Hospital Claremore	Melisa Daugherty	X	X	X	X
	Carla Sue Spence				

# Region 2 RTAB General Members Attendance - 2019

	Representative	1Q	2Q	3Q	4Q
Air Evac Lifeteam - Claremore	Judy Dyke	X	X	X	X
Air Evac Lifeteam - Cushing	Judy Dyke	X	X	X	X
Air Evac Lifeteam 128 - Stillwater		X	X	X	X
Air Evac Lifeteam 4- Springdale	Judy Dyke	X	X	X	X
Alliance Health Ponca City	Yolanda Ramanos	X	A	X	A
Arch – Medflight 1 - Joplin	Rod Pace	X	A	X	X
	Scott McKenzie				
Arch – Medflight 2 - Nevada, MO	Rod Pace	X	A	X	X
	Scott McKenzie				
Bartlesville Ambulance	Dan Dalton	X	X	X	X
	Wayne Swift				
Blackwell Fire Department/ EMS	Cory Hanebrink	X	X	X	X
Blackwell Regional Hospital	April Edgar	X	X	X	X
	Bobbi Buntin				
Cleveland Area Hospital	Cassi Smith	X	X	X	X
	Lindsey Hester				
Cushing Fire Department/EMS	Daniel Myers	X	X	X	X
	Dalton Novotny				
Fairfax Community Hospital	Tracy Soutter	X	X	X	A
	Mary McKenzie				
Freeman Hospital (Joplin)	Christine M Hoag-Apeh	X	X	X	X
	Mike Ross				
Grove EMS	Jeff Dozier	X	X	X	X
	Bruce Jeffers				
Hillcrest Hospital Claremore	Melisa Daugherty	X	X	X	X
	Carla Sue Spence				
Hillcrest Hospital Cushing	Scott Flanagan	A	X	X	X
	Karen Schatz				
Hillcrest Hospital Pryor	Melanie Minor	X	X	X	X
Hominy EMS	April Thompson	X	X	X	X
	James Blackstove				
Integrus Grove Hospital	Joey Gregory	X	X	X	X
Integrus Miami EMS	Jeff Dozier	X	X	X	X
	Nathan Seward				
Integrus Miami Hospital	Sarah Kyser	X	X	X	X
	Angella Conard				
Jane Phillips Memorial Medical Center, Inc.	Rita Johnson	X	X	X	X
	Maggie Hadley				
Jane Phillips Nowata Hospital, Inc.	Wilford H Watson III	X	X	X	X
	Lori Walton				
Jay EMS	Brandon Alexander	X	X	X	A
LifeNet, Inc.	Kelly McCauley	X	X	X	X
	Zach Harris				
Mayes Emergency Services Trust	Steve Smith	X	X	X	X
	Amanda Early				
Medflight of Oklahoma	Dave Kersey	X	A	A	X
	Blake Vowel				

# Region 2 RTAB General Members Attendance - 2019

MERC		A	A	A	A
Mercy Hospital - Joplin	Donna Hughes	X	X	X	X
	Jason Graves				
Mercy Life Line	Chris Mattes	X	X	X	X
	Roger Meadows				
Mercy Regional EMS	Larry Burrows	A	X	A	X
	Brianne Smedley				
Midwest AeroCare	LeAnna Setzkorn	A	A	A	A
Miller EMS - Osage County	Jim Koch	X	X	X	X
Miller EMS- Fairfax	Jim Koch	X	X	X	X
	Jerry Sanford				
Newkirk Fire Department/EMS	Adam Longcrier	X	X	X	X
	Timothy Walker				
Nowata EMS	Cole Brooks	A	A	A	X
	Nancy Delmas				
Oolagah – Talala EMS District	David Davis	X	X	X	X
	Shelbie Wayman				
Pafford EMS – Oklahoma	Mechele Cruz	A	A	A	X
	Ed Fowler				
Pawhuska EMS	Kenneth Montgomery	X	X	X	X
	Ed Martin				

**TRAUMA FUND OCTOBER 2020 (Claims January 1, 2019 to June 30, 2019)**

**Projected Timelines and Activities (Updated 02 03 2020)**

The processes and/or timelines listed below are subject to change.  
Refer to the Application Notification Letter for final instructions and deadline dates.

**HOSPITALS**

January 24, 2020	Data Error Report and Transfer Feedback Report identifying incomplete Trauma Registry data submitted, available for all Trauma Registrars via Box. For inquiries, please email <a href="mailto:esystems@health.ok.gov">esystems@health.ok.gov</a> .
February 21, 2020	All incomplete/corrections in the Data Error Report must be submitted to the Trauma Registry by this deadline. (Incomplete cases are NOT eligible for Trauma Fund reimbursement.)
<p>↑            ↑            ↑</p> <p><b>- Above are MANDATORY TRAUMA REGISTRY ACTIVITIES -</b></p> <p>~~~~~</p> <p><b>- For interested providers only - TRAUMA FUND APPLICATION ACTIVITIES BEGINS -</b></p> <p>↓            ↓            ↓</p>	
March 16, 2020	Notification sent to Trauma Registrars from Emergency Systems with instructions for downloading your facility-specific Major Trauma Case List from A T & T BOX.  The MAJOR TRAUMA CASE LIST identifies clinically qualified major trauma cases as reported to the Trauma Registry. It is the responsibility of Trauma Registrars to review this in order to confirm/refute the List. Detailed instructions are provided by email.
April 3, 2020	5:00 PM: Deadline to respond to OSDH Emergency Systems office for Major Trauma Case List.  No changes to the Major Trauma Case List are allowed after this deadline. Any cases with data errors that were not corrected are not eligible for reimbursement. However, <u>it is still the Registrar's responsibility to complete the corrections as required for your Hospital's licensure.</u>
April 14, 2020	Notification Letter with instructions mailed from OSDH to Hospital Administrator. <i>Trauma Registrars will receive a copy of the letter with additional instructions by email.</i>
June 1, 2020*	<b><u>DEADLINE: Complete application package in the required format must be received in the OSDH Emergency Systems office by 5:00 P.M. – see Checklist for Submission</u></b>
October 2020	Anticipated date for distribution of reimbursement checks to eligible providers – <i>Installments 1 through 6.</i>

\*May 30 occurs on a weekend.

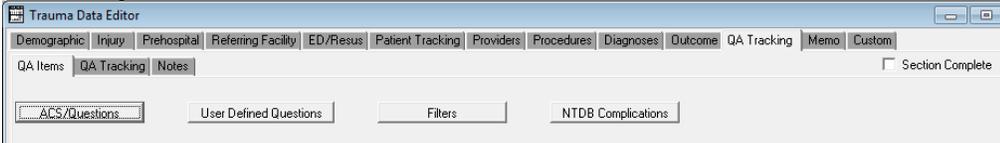
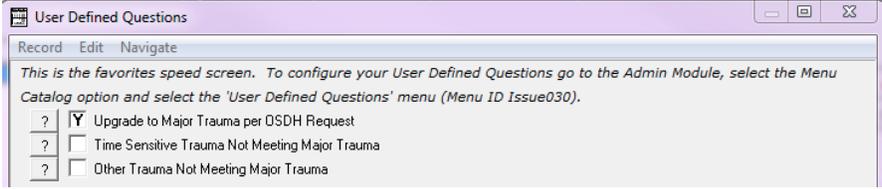
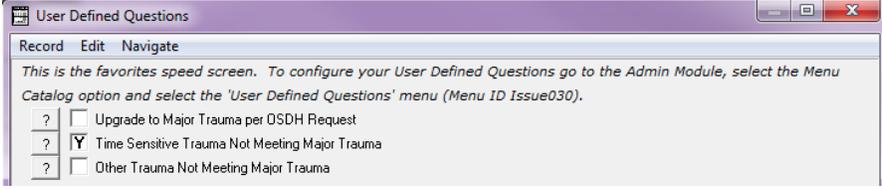
**EMS PROVIDERS**

April 14, 2020	Notification Letter and instructions from OSDH to EMS Director, along with a listing of cases that potentially meet "Trauma Fund – EMS Criteria" as submitted to OKEMSIS by the EMS provider. All EMS cases must be entered into OKEMSIS in accordance with OAC 310: 641-3-160.
June 15, 2020	<b><u>DEADLINE: Complete application package in the required format must be received in the OSDH Emergency Systems office by 5:00 P.M. – see Checklist for Submission.</u></b>
October 2020	Anticipated date for distribution of reimbursement checks to eligible providers – <i>Installments 1 through 6.</i>

**PHYSICIANS**

April 14, 2020	Notification Letter with instructions available on the Trauma Fund webpage for download.
June 15, 2020	<b><u>DEADLINE: Complete application package in the required format must be received in the OSDH Emergency Systems office by 5:00 P.M. – see Checklist for Submission</u></b>
October 2020	Anticipated date for distribution of reimbursement checks to eligible providers.

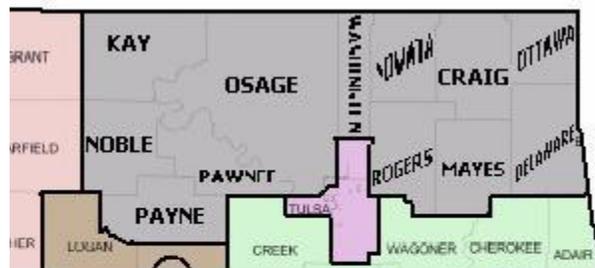
**TRAUMA FUND UPDATE (Updated 02 03 2020)**

Subject	Updates on current issues						
<p>Distributions</p>	<p>Monthly Fund disbursement: <b>Beginning October 2019 through March 2020</b></p> <table border="1" data-bbox="537 233 1523 352"> <tr> <td>Installment 1: January 2020</td> <td>Installment 4: February 2020</td> </tr> <tr> <td>Installment 2: January 2020</td> <td>Installment 5:</td> </tr> <tr> <td>Installment 3: January 2020</td> <td>Installment 6:</td> </tr> </table> <p>Eligible recipients should receive notification of electronic fund transfer (EFT). Recipient payment listing is available for download from <a href="http://www.ok.gov/health/Protective_Health/Emergency_Systems/Trauma_Division/Trauma_Care_Assistance_Revolving_Fund/Reports/index.html">http://www.ok.gov/health/Protective_Health/Emergency_Systems/Trauma_Division/Trauma_Care_Assistance_Revolving_Fund/Reports/index.html</a></p>	Installment 1: January 2020	Installment 4: February 2020	Installment 2: January 2020	Installment 5:	Installment 3: January 2020	Installment 6:
Installment 1: January 2020	Installment 4: February 2020						
Installment 2: January 2020	Installment 5:						
Installment 3: January 2020	Installment 6:						
<p>2019 October (Claims January 1, 2018 to June 30 2018)</p>	<p>2020 April (Claims July 1 2018 to December 31, 2018))</p> <p>The application period for Hospitals closed on December 2, 2019 with EMS &amp; Physicians closing on December 16. Completed applications are now processing.</p>						
<p>2020 October (Claims January 1, 2019 to June 30, 2019)</p>	<p><b>Trauma Fund Webinars:</b> are scheduled on the following dates: April 15 -Hospitals; April 22- EMS; and April 29- Physicians Groups. Application period for Hospitals closes on Monday, June 1, 2020 @ 5:00 pm, with EMS &amp; Physician Groups closing on Monday, June 15, 2020 at 5:00 pm.</p> <p>The two sets of deadlines to submit your completed application package for Trauma Fund reimbursement are set on the same dates every year: (Weekend or holiday deadline dates are moved to the following Monday at 5:00 pm).</p>						
<p>1.OSDH Points of Contact</p>	<ul style="list-style-type: none"> <li>• <b>TRAUMA FUND</b> = Marva Williamson, Trauma Fund Coordinator, <a href="mailto:marvaw@health.ok.gov">marvaw@health.ok.gov</a>; Linda Dockery, <a href="mailto:lindald@health.ok.gov">lindald@health.ok.gov</a></li> <li>• <b>TRAUMA REGISTRY</b> = Yang Wan, Ph.D., <a href="mailto:YangW@health.ok.gov">YangW@health.ok.gov</a>; <a href="mailto:esystems@health.ok.gov">esystems@health.ok.gov</a></li> <li>• <b>OKEMIS</b> (EMS Database) = Martin Lansdale, <a href="mailto:martinl@health.ok.gov">martinl@health.ok.gov</a>; Xana Howard, <a href="mailto:xanah@health.ok.gov">xanah@health.ok.gov</a></li> </ul>						
<p>2. TIME SENSITIVE CASES REPORTING in Trauma Registry (CollectorV5)</p>	<p>An email is sent to all Registrars in early September (or March) of each year to provide guidance to locate the checkboxes for “Upgrade to Major Trauma” and “Time Sensitive Cases”. To be considered for reimbursement, all major cases and time-sensitive cases must be clearly marked:</p> <ol style="list-style-type: none"> <li>1) QA Tracking/User Defined Questions              </li> <li>2) Check Yes(Y) if Upgrade to Major Trauma per OSDH Request; or              </li> <li>3) Check Yes(Y) if Time Sensitive Not Meeting Major Trauma              </li> </ol>						
<p>3. EFT PAYMENTS</p>	<p>HB 1086 (2011) requires Oklahoma state agencies to disburse payments electronically. Providers are encouraged to provide information that would allow for EFT (Electronic Fund Transfer). If you are still receiving paper checks, please send an email to <a href="mailto:esystems@health.ok.gov">esystems@health.ok.gov</a> . Additional information and instructions will be provided. If you have changes to your business name, address, or Tax ID, you must submit a Vendor Payee form to receive payment. Email completed forms to <a href="mailto:esystems@health.ok.gov">esystems@health.ok.gov</a>.</p>						

# Northeast Oklahoma Regional Time Sensitive Emergency Plan

## Region 2

### STEMI PLAN



Developed by the Northeast Regional Planning Committee

## **I. Introduction**

Region 2 is committed to the early recognition and treatment of time sensitive emergencies by integrating systems of care for the ST-Elevation Myocardial Infarction (STEMI) patient. This plan will serve as a guide for the care of STEMI patients in Region 2. The goal of this plan is to:

- Develop a STEMI plan that will result in decreased cardiac mortality and morbidity in Region 2.
- Develop the ability to rapidly and accurately identify patients suffering from STEMI and to assure they receive care in a hospital that has a primary percutaneous coronary intervention program (PCI) in place which is capable of providing immediate and comprehensive assessment, resuscitation, intervention, and definitive care.
- Enhance the Region 2 system of STEMI care through quality improvement and data collection initiatives.

## **II. STEMI Treatment Guideline Recommendations**

ACC/AHA STEMI treatment guidelines recommend primary PCI as the preferred reperfusion strategy in patients suffering from a STEMI, if a first medical contact-to-device (FMC-D) time is less than or equal to 90 minutes could be achieved for patients directly transported by emergency medical systems (EMS) to a PCI-hospital or less than or equal to 120 minutes for those who are initially transported to a Non-PCI or STEMI referral hospital.

## **III. Hospital Classifications**

- A. **PCI-Capable Hospital:** A hospital that has the equipment, expertise and facilities to administer percutaneous coronary intervention (PCI), a mechanical means of treating STEMI patients. These PCI-capable hospitals are called STEMI-receiving hospitals because they are well equipped to receive and treat STEMI patients. See Appendix A for the list of PCI-Capable Hospitals in Region 2.
- B. **Non-PCI Hospital:** A hospital that does not have the means to delivery percutaneous coronary intervention (PCI). Non PCI hospitals can: administer clot-busting medicines that meet the health care needs of the STEMI patients; refer STEMI patients to the PCI hospitals, thus the name STEMI PCI referral hospital; and treat STEMI patients with medications when it is not feasible for them to get to a PCI capable hospital for treatment in a timely manner. See Appendix A for the list of Non PCI-Capable Hospitals in Region 2.

#### **IV. AHA EMS Guidelines**

Emergency Medical Services (EMS) play an integral role in the Region 2 STEMI plan. EMS personnel must be trained to recognize, treat and transport STEMI patients in a timely manner. In order to accomplish this goal, the following EMS guidelines should serve as best practices in the care and treatment of the STEMI patient in Region 2.

##### **Develop Acute Coronary Syndromes (ACS) Protocols**

It is important that all EMS agencies develop standardized ACS protocols. There are several standards, considered quality of care measures that should be instituted on all ACS cases (i.e. immediate administration of oxygen and aspirin). The purpose of an ACS protocol is to rapidly recognize STEMI and other cardiac emergencies, treat with appropriate medications, notify the receiving facility as soon as possible, and provide rapid transportation to a PCI facility when indicated.

##### **Acquire 12 lead ECG Analyses**

The ability to rapidly treat a STEMI is predicated on an accurate prehospital assessment to include a 12-lead ECG analysis by EMS providers in the field. The early recognition of a STEMI in the field allows early activation of the PCI facility. All EMS agencies should acquire 12-lead technology and training to the standard of their licensure level.

##### **ECG Transmission**

Early hospital notification by EMS personnel of an in-coming STEMI patient significantly reduces the door-to-balloon time. ECG transmission can be via fax, email, special computer, or cell phone. This allows the receiving hospital to activate the cath lab team, have medications ready for administration or for EMS services that have an extended drive time, allow the accepting Physician to give orders prior to arrival. It is recommended that all EMS agencies be able to transmit ECG's to receiving facilities.

##### **Pre-hospital Triage**

EMS agencies in Region 2 should be trained to recognize, treat and transport STEMI patients in a timely manner:

- Rapidly identify STEMI patients who call 911 or present to EMS.
- Minimize the time from onset of STEMI to coronary reperfusion.
- Quickly acquire and transmit a 12-lead ECG.
- Rapidly identify the most appropriate hospital destination based on symptom onset time and predicted transport time. EMResource should be utilized as a tool for destination decisions.
- Early activate/notify the hospital prior to the patient arrival.
- Minimize scene time to 15 minutes or less (including a 12-lead ECG).

**Procedure for selection of hospital destination:**

- Rapid, pre-hospital recognition and appropriate triage of STEMI patients is essential in determining the appropriate hospital destination for these patients.
- It is imperative that EMS agencies are aware of hospital capabilities in their service area. Some hospitals may have STEMI/cath lab availability limited to specific days/times during the week.
- It is recognized that some patients have needs that will only be met at a specific destination hospitals. Therefore, a STEMI patient will often benefit from transport directly to the closest facility with the capability and capacity to provide the appropriate level of STEMI care (PCI Capable Hospital), rather than the closest geographically located, or patient-preferred hospital.
- Hospital bypass and/or air medical transport should be considered to transport the STEMI patient to the appropriate facility within the treatment time guidelines.
- Patient/family request will be honored if the facility is within an established transport distance and has the services/resources to treat the patient.
- EMS providers will use these protocols, based entirely on the best medical interest of the patient, to determine the appropriate destination.

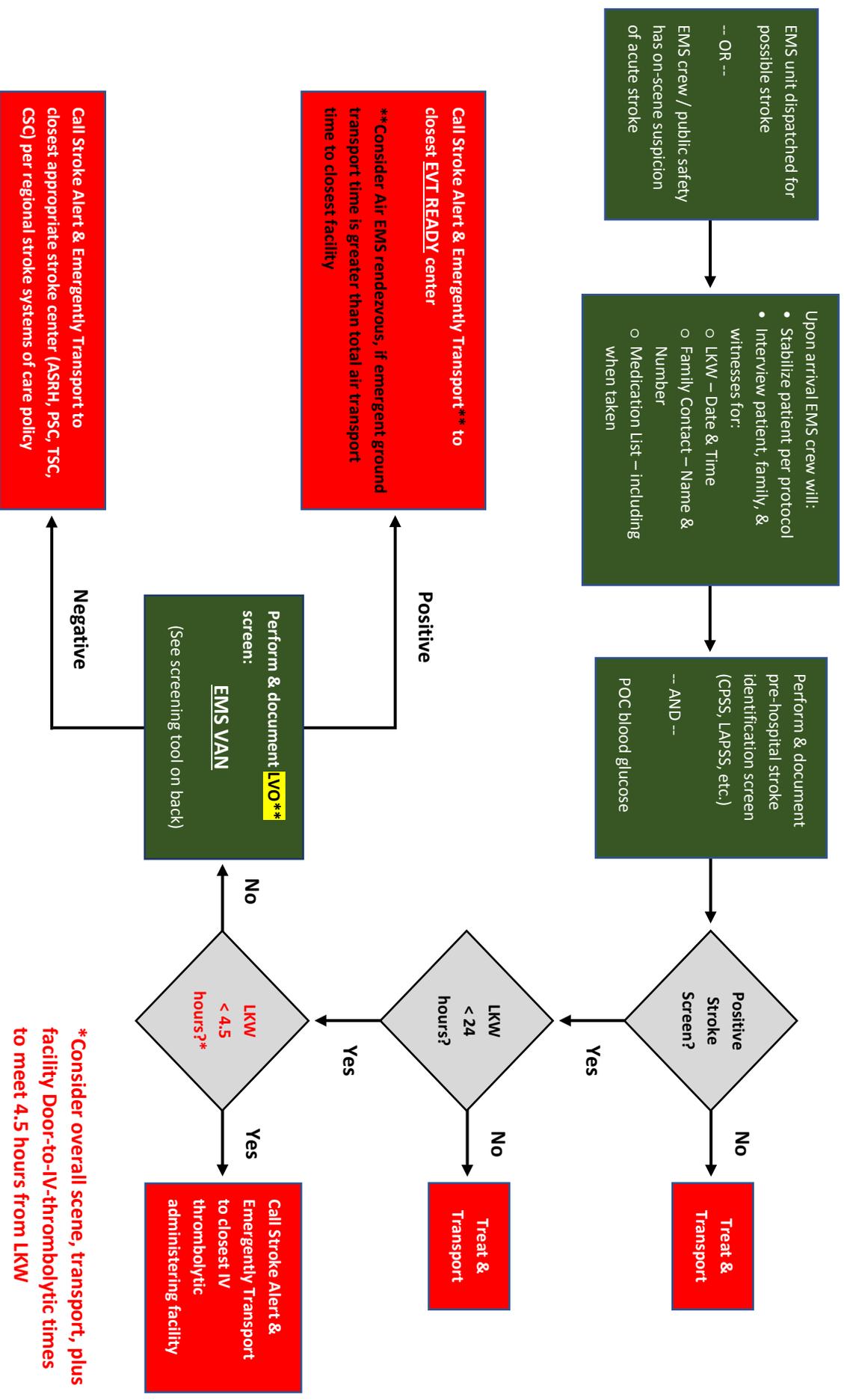
## **Appendix A – Hospitals in Region 2**

- a. PCI Capable Hospitals in Region 2 include:
  - i. Stillwater Medical Center-Stillwater
  - ii. Jane Phillips Medical Center – Bartlesville
  - iii. Integris Grove Medical Center – Grove
  - iv. Integris Grove Medical Center - Miami
  - v. Hillcrest Hospital – Claremore - Claremore
- b. Non PCI Hospitals in Region 2 include:
  - i. Alliance Health Ponca City
  - ii. Hillcrest Hospital Pryor – Pryor
  - iii. Hillcrest Hospital Cushing–Cushing
  - iv. Jane Phillips Nowata Health Center
  - v. Perry Memorial Hospital
  - vi. Blackwell Regional Hospital
  - vii. Cleveland Area Hospital
  - viii. St. Francis Hospital - Vinita
  - ix. Fairfax Community Hospital
  - x. Pawhuska Hospital
  - xi. Willow Crest Hospital

**Goals and objectives**

- a. Decrease the number of Priority 1 patients transported by ambulance services to a Level III or Level IV Trauma Center by 3% by the end of calendar year 2021
- b. Decrease the statewide average length of stay at Level III and Level IV Trauma Centers for patients having an ISS  $\geq 16$  by 3% by the end of calendar year 2021

## SEVERITY-BASED STROKE TRIAGE GUIDELINE ALGORITHM FOR RURAL EMS



**\* Consider overall scene, transport, plus facility Door-to-IV-thrombolytic times to meet 4.5 hours from LKW**

**\*\* LVO = Large Vessel Occlusion**



**EMS VAN: Acute Stroke Screening Tool**  
(for Large Vessel Occlusions)

Is ARM weakness present?

Yes Continue the VAN exam.

No Patient is VAN negative. Stop VAN exam.

	Yes	No
Visual Disturbance?		
Aphasia?		
Neglect?		

If patient has any degree of weakness **PLUS any 1** of the below:

**Visual Disturbance** - (Assess field cut by testing both sides, 2 fingers right, 1 left)

**Aphasia** - (Inability to speak or understand. Repeat and name 2 objects, close eyes, make fist)

**Neglect** - (Forced gaze to one side or ignoring one side, touching both sides)

This is likely a large artery clot (cortical symptoms) = **VAN Positive**



**Process Improvement**

January 2020

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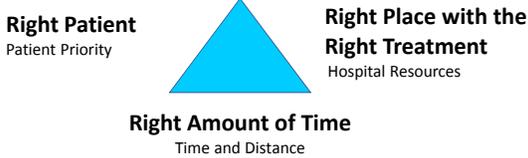
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**Getting the right patient to the right place,  
receiving the right treatment in the right amount  
of time...**



**Right Patient**  
Patient Priority

**Right Place with the  
Right Treatment**  
Hospital Resources

**Right Amount of Time**  
Time and Distance

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Overview

- Lean processes
- Six Sigma methodology
- Where do we go from here?

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### Lean

- Eliminates or reduces waste
- Improves process flow

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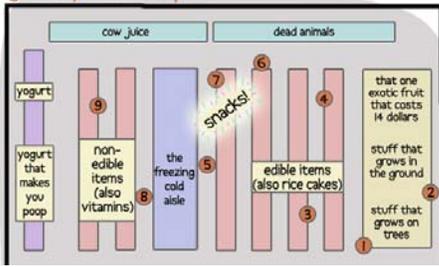
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### grocery store map




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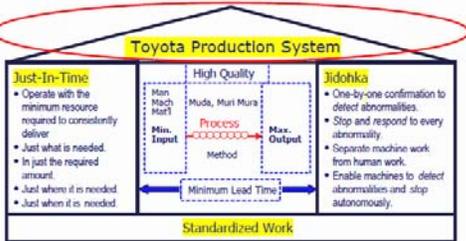
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### Lean




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### Lean example

	Traditional Response	Lean Response
What is the problem?	Someone messed up	A deviation from standard
What is the cause?	People	The system (Five Whys)
Someone makes a mistake. What should they do?	Solve the problem on their own, if possible	Call attention to the problem, ask for assistance to learn, and avoid the problem in the future
What does management assume about people?	People will not accept blame unless forced to	People will feel empowered if they receive positive support for solving problems
Can everyone solve problems?	No	Yes, and critical thinking must be taught to all

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### Five principles of Lean

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### Five principles of Lean

1. Define value (expectation) from the customer perspective

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### Non-value added items

Does each process step add or detract value?

- Value-adding steps is any activity that transforms a product to meet the customer's needs
- Non-value added steps add time or cost without adding value to the customer

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### Five principles of Lean

2. Identify the value stream and eliminate waste
  - a. Examples of where waste can occur:

Talent	Inventory
Motion	Waiting
Transportation	Defects
Overproduction	Over processing

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### Five principles of Lean

3. Make value flow at the pull of the customer



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Five principles of Lean

4. Involve and empower employees

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Five principles of Lean

5. Create a continuous improvement culture



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How does BMW paint its cars?



[BMW Paint Process](#)

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### Six Sigma

- Eliminates or reduces variation
- Improves capability

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### Six Sigma Process Improvement – DMAIC

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### DMAIC

- Define the issue

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DMAIC

- Define the issue
- Measure the current state

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DMAIC

- Define the issue
- Measure the current state
- Analyze and identify improvement opportunities

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DMAIC

- Define the issue
- Measure the current state
- Analyze and identify improvement opportunities
- Improve by implementing the best opportunities

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### DMAIC

- Define the issue
- Measure the current state
- Analyze and identify improvement opportunities
- Improve by implementing the best opportunities
- Control and monitor the new process

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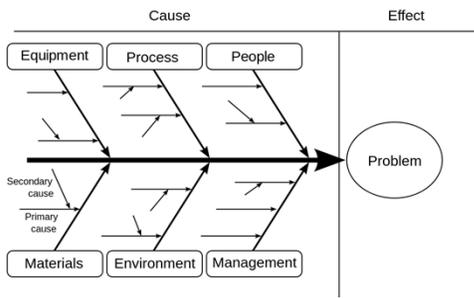
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### Review

- Lean processes
- Six Sigma methodology
- Where do we go from here?

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How do we apply this knowledge?

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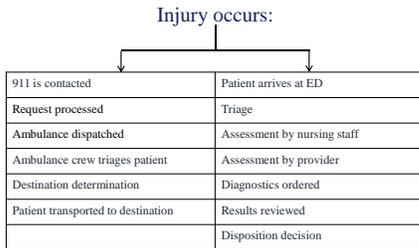
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A (Brief) Overview of the Oklahoma Trauma Process



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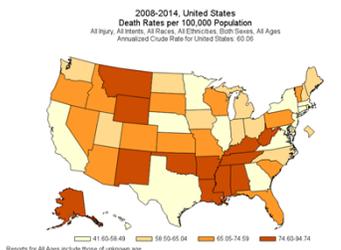
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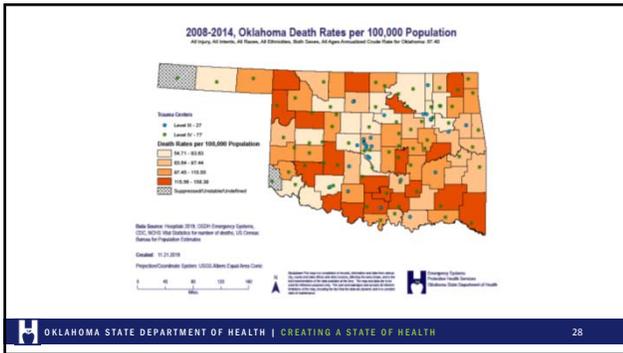
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Define the problem:

- Priority 1 Trauma patients are being transported to inappropriate facilities
- Priority 1 Trauma patients have too great a length of stay at transferring hospitals

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**Measure – Regional OKEMSIS numbers**  
 January 1<sup>st</sup>, 2018 – December 31<sup>st</sup>, 2018 as reported on November 25<sup>th</sup>, 2019

Region	Number of Priority 1 patients originating in region	Number of total P-1 patients transported to an in-region Level III or IV	Number of patients needed to reduce by 3%
2	447	182	5.46
Statewide	2,737	1,077 (39.34%)	35.58

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### Measure – Regional Trauma Registry data\*

January 1<sup>st</sup>, 2018 – December 31<sup>st</sup>, 2018 as reported on December 18<sup>th</sup>, 2019

Region	Number of transferred patients with ISS $\geq$ 16 by region	Average Length of Stay at the initial facility in minutes	Number of minutes needed to reduce by 3%
2	98	151	4.53
Statewide	609	177	5.31

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Analyze and identify improvement opportunities:



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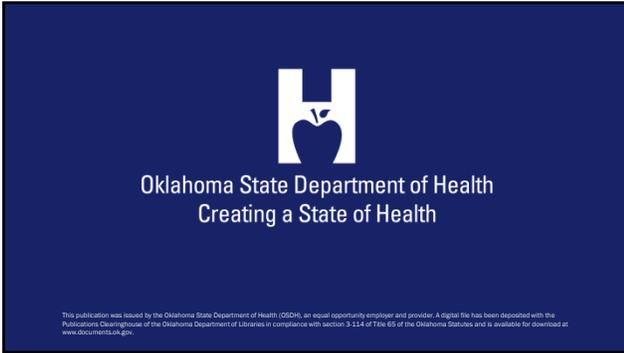
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**REGIONAL TRAUMA ADVISORY BOARD**  
**Authorized Representative Form**

DATE: \_\_\_\_\_

- NEW APPOINTMENT  
 UPDATED APPOINTMENT

TRAUMA REGION:

- |                                   |  |                                      |
|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> NW REG-1 | <input type="checkbox"/> EC REG-4      | <input type="checkbox"/> TULSA REG-7 |
| <input type="checkbox"/> NE REG-2 | <input type="checkbox"/> SE REG-5      | <input type="checkbox"/> OKC REG-8   |
| <input type="checkbox"/> SW REG-3 | <input type="checkbox"/> CENTRAL REG-6 |                                      |

ORGANIZATION NAME: \_\_\_\_\_

INDIVIDUAL AUTHORIZING APPOINTMENT OF RTAB REPRESENTATIVES:

Name: \_\_\_\_\_

Job Title:  Hosp Admin. /or \_\_\_\_\_  EMS Director /or \_\_\_\_\_

Signature: \_\_\_\_\_

DESIGNATED REPRESENTATIVE: (please print legibly)

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

ALTERNATE REPRESENTATIVE: (please print legibly)

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

**\*\*\* Please fax to the Emergency Systems at (405) 271-4240\*\*\* Update Annually\*\*\***

Office Use Only:	
___ Distribution List	___ Attendance Roster
___ Sign in Form	___ Vote Call Form
(If new facility/agency – update rotation – trauma plans)	

**REGIONAL TRAUMA ADVISORY BOARD**  
**Authorized Representative Form 2020**

DATE: \_\_\_\_\_

- NEW APPOINTMENT  
 UPDATED APPOINTMENT

TRAUMA REGION:

- |                                   |  |                                      |
|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> NW REG-1 | <input type="checkbox"/> EC REG-4      | <input type="checkbox"/> TULSA REG-7 |
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